

In re **Reshunda Lavita Hall**Case No. **08-21350**

Debtor

AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Attorney Trinett Pitts 633 W. Wisconsin Avenue Suite 1501 Milwaukee, WI 53203		2007 Attorney Fees				600.00
Account No. Aurora Home Medical/Visiting Nurse Assoc Dr. Nelson 7878 N. 76th Street Milwaukee, WI 53223	H	2007 Medical Services				915.50
Account No. 9002758358 Capital Management Service 726 Exchange Street Buffalo, NY 14210	-	3/9/08 Consumer Debt				258.07
Account No. Columbia Hospital Box 88665 Milwaukee, WI 53288-0665	H	2007 Medical Services				2,769.12
Subtotal (Total of this page)						4,542.69

2 continuation sheets attached

In re **Reshunda Lavita Hall**Case No. **08-21350**

Debtor

AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H W J C				
Account No.						
Dr. David Grambow 2315 N. Lake Drive Milwaukee, WI 53211		H	2007 Medical Services			2,360.00
Account No.						
Dr. Harry Kerr 2025 E. Newport Avenue Milwaukee, WI 53211		H	2007 Medical Services			515.00
Account No.						
Dr. Joseph Nowak 2025 E. Newport Avenue Milwaukee, WI 53211		H	2007 Medical Services			139.00
Account No.						
Dr. Roger Fons 7620 W. Burleigh Street Milwaukee, WI 53222		H	2007 Medical Services			296.00
Account No.						
Dr. Stephanie Boyer 2025 East Newport Avenue Milwaukee, WI 53211		H	2007 Medical Services			229.00
Sheet no. <u>1</u> of <u>2</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						3,539.00

In re **Reshunda Lavita Hall**Case No. **08-21350**

Debtor

AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E	D E B T O R	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No.			2007				
Dr. Todd Greenfield N84 W16889 Menomonee Ave. Menomonee Falls, WI 53051		H	Medical Services				140.00
Account No.							
Account No.							
Account No.							
Account No.							
Sheet no. 2 of 2 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims	Subtotal (Total of this page)						140.00
Total (Report on Summary of Schedules)							8,221.69

Attorney Trinett Pitts
633 W. Wisconsin Avenue
Suite 1501
Milwaukee, WI 53203

Aurora Home Medical/Visiting Nurse Assoc
Dr. Nelson
7878 N. 76th Street
Milwaukee, WI 53223

Capital Management Service
726 Exchange Street
Buffalo, NY 14210

Columbia Hospital
Box 88665
Milwaukee, WI 53288-0665

Dr. David Grambow
2315 N. Lake Drive
Milwaukee, WI 53211

Dr. Harry Kerr
2025 E. Newport Avenue
Milwaukee, WI 53211

Dr. Joseph Nowak
2025 E. Newport Avenue
Milwaukee, WI 53211

Dr. Roger Fons
7620 W. Burleigh Street
Milwaukee, WI 53222

Dr. Stephanie Boyer
2025 East Newport Avenue
Milwaukee, WI 53211

Dr. Todd Greenfield
N84 W16889 Menomonee Ave.
Menomonee Falls, WI 53051

**United States Bankruptcy Court
Eastern District of Wisconsin**

In re **Reshunda Lavita Hall**

Debtor(s)

Case No. **08-21350**

Chapter **7**

**AMENDED
DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing document(s), consisting of **2** page(s), and that they are true and correct to the best of my knowledge, information, and belief.

Date **March 17, 2008**

Signature **/s/ Reshunda Lavita Hall**

Reshunda Lavita Hall

Debtor

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Eastern District of Wisconsin**

In re **Reshunda Lavita Hall**

Debtor(s)

Case No. **08-21350**

Chapter **7**

CERTIFICATE OF SERVICE

I hereby certify that on **March 17, 2008**, a copy of **The Notice of Bankruptcy and The Notice of Commencement** was served electronically or by regular United States mail to all interested parties, the Trustee and all creditors listed below.

Aurora Home Medical/Visiting Nurse Assoc

Capital Management Service

Columbia Hospital

Dr. David Grambow

Dr. Harry Kerr

Dr. Joseph Nowak

Dr. Roger Fons

Dr. Stephanie Boyer

Dr. Todd Greenfield

/s/ James L. Miller

James L. Miller 1000569

MILLER & MILLER

633 W. Wisconsin Avenue

Suite 1500

Milwaukee, WI 53203-1918

414-277-7742 Fax: 414-277-1303